**NVRH Wellness Program**

**Preventive Care Reward Form**

Employee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person applying for the benefit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit year:\_\_\_\_\_\_\_\_\_\_\_\_

Type of preventive care visit ($100 per visit, up to $200 maximum\*):

\_\_\_ Annual Well Exam

\_\_\_ Well-Woman Exam

\_\_\_Cancer Screening

Date of appointment: \_\_\_\_\_\_\_\_\_

Name of provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*The preventive care reward is pre-tax and counts toward the $200 available to families each year as part of NVRH’s Wellness Program. Maximum benefit $200.00 per calendar year for FT & PT Benefits Eligible Employees.**

File checked for previous rewards/reimbursements: \_\_\_\_\_\_\_

Entered in file:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Approval by Benefits Manager:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note: Human Resources reserves the right to audit submissions and request proof of service*